

● PRINTER RUSH ● (PTO ASSISTANCE)

Application : 10/859,665 Examiner : Prasad GAU : 2839
From: MR Location: IBS FMF FDC Date: 01-31-04

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	12-23-05	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: The first claims column on the first page of
claims is blank. No final claims entered
and the claims renumbered box is NOT
checked.
Please resolve.

Thank you,
UR

[XRUSH] RESPONSE: _____

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04